

STUDENT LIFE FACILITIES REQUEST FORM

LAS POSITAS COLLEGE STUDENT GOVERNMENT (LPCSG)
INTER-CLUB COUNCIL (ICC)

Club/Organization Name: _____

Event Title: _____

Event Type: Meeting Fundraiser* Social Travel*
 Other _____

Event Date(s): _____

Event Start Time: _____ Event End Time: _____

Is additional set up time is required: Yes No

Set-up start time: _____ Tear down end time: _____

How many attendees are you expecting: _____

Location (1st Choice): _____ Location (2nd Choice): _____

EVENT RESOURCES

Tables _____ Chairs _____ Canopy _____
 Trash Can _____ Recycle Bin _____ Sound System Mic _____
 Other _____ Other _____

Requester Name: _____ Phone #: _____

Requester Signature: _____ Email: _____

Advisor Name: _____ Advisor Signature: _____

Submission Date: _____

>> CONFIRMATION NOTICE WILL BE SENT TO ADVISOR WHEN APPROVED<<

For Office Use Only

Date Received by Student Life Office: _____ Staff Initial: _____

Date Entered into 25Live: _____ Staff Initial: _____

*Please contact the Student Life Office to set up a meeting to discuss policies/procedures to obtain approval. Additional forms are required.